# ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

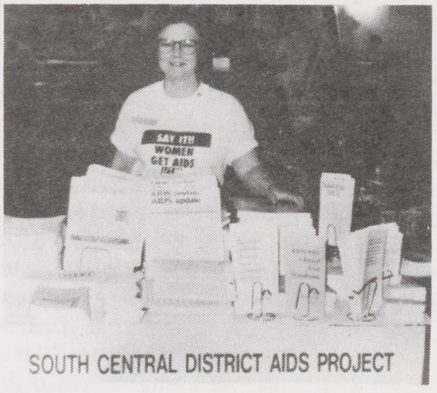
April 1992


# South Central District Joins ACTU Funding Campaign

Ms. Jane Rogers, the UFMCC South Central District's AIDS Information/ Ministry Coordinator, has joined the ACTU Community Action Board in a successful campaign to continue funding for Tulane-Louisiana State University's *AIDS Clinical Trial Unit* (ACTU). The funding for eight of the 32 current ACTU's, including Tulane-LSU, had been cut by the U.S. National Institutes of Health (NIH) through the National Institute of Allergy and Infectious Diseases (NIAID). This would mean that there would be no active ACTU available to people with HIV/ AIDS in the central southern United States.

The effect of this defunding would be enormous: the threatened ACTU's would be forced to stop enrolling patients in drug trials, AIDS patients would lose access to investigational new drugs, ACTU's would lose physicians, nurses, and allied health personnel who are taking care of AIDS patients enrolled in drug trials, and patients would have to travel long distances across state lines to remain in trials. ACTU's have been responsible for much of the progress made in treatment of HIV and related opportunistic infections.

ACTU's such as Tulane's were defunded in order to fund pediatric HIV research, which was badly underfunded. Dr. Thomas Merigan, of Stanford University's ACTU, testified to Congress that, "Funding for pediatric AIDS...is nearly equivalent to that for the adult ACTU's. It is important to recognize...the needs in pediatrics are very important. However, there are 20 times more infected adults than children...the funding of adult units should be increased to at least two if not three times that of the pediatric units in order to allow an adequate effort to be made nationally."




*Ms. Jane Rogers*

When the funding cuts were announced, Rogers sprang into action, sending out an Action Alert to all the churches in the South Central District. She implemented a letter-writing campaign to Secretary of Health Louis Sullivan and all Louisiana Congress persons and Senators.

The announcement of the funding extension was made in New Orleans on Monday, March 2, by Congressman William Jefferson. In a letter to Jefferson, Anthony S. Fauci, M.D., NIAID Director, stated that after intense lobbying from researchers, members of Congress, and people infected with the AIDS virus, the institute "is committed to finding the resources and redirecting funds from existing programs in order to extend funding through December 31, 1992."

Because the funding was only extended to the end of 1992, another letter-writing campaign is being planned. Rogers states in an announcement to South Central District MCC's, "We want Congress to allocate money in the 1993 Federal Budget to provide full funding to maintain a minimum of 36 AIDS Clinical Trial Units in the U.S. The number of AIDS cases is rising and the only answers to drug therapy is through the research being conducted by the ACTU. The Federal Drug Administration (FDA) only approves drugs after clinical trials."

Rogers was told that MCC's letter-writing campaign made a big difference in the lobbying effort that achieved the extension in funding for Tulane's ACTU.

MCC's in other cities where ACTU's have been defunded could make a similar difference in the effort to continue effective AIDS research. The other ACTU's which have been cut are: Duke University (Raleigh, NC); the University of Cincinnati; the University of Pittsburgh; St. Luke's/Roosevelt Hospital (NY); Hershey Medical Center, Hershey, PA; the University of Massachusetts; and the State University of New York at Stony Brook.

**WHAT YOU CAN DO TO EXPRESS YOUR VIEWS:**

**WRITE TO:**
Congressman William H. Natcher
The House Appropriations Committee
Subcommittee on Labor Health,
Human Services & Education
2358 Rayburn House Office Bldg.
Washington, D.C. 20515

Watch ALERT for more information about who else to write as the budget deliberations continue. ▼

# European North Sea District Acts on U.S. Immigration Ban of HIV+ People

The European North Sea District of UFMCC put forward two resolutions at their Annual District Conference in November, 1991, which could have far-reaching implications for UFMCC in planning future conferences. The resolutions were responding to U.S. Immigration policy, which excludes persons with HIV or AIDS from entering the United States.

The two resolutions read as follows:

*Whereas we, the Universal Fellowship of Metropolitan Community Churches espouse inclusivity,*

*BE IT RESOLVED that the International HIV/AIDS Conference of UFMCC be relocated to a venue outside the United States of America or any other countries where people with HIV or AIDS are excluded entrance.*

*Whereas we, the Universal Fellowship of Metropolitan Community Churches espouse inclusivity,*

*BE IT RESOLVED that UFMCC seek to influence legislators in the HIV/AIDS field so that U.S. immigration laws may be changed to allow people with HIV or AIDS to enter or visit to participate in General Conference there, or*

*If the influence of General Council or U.S. churches not be successful to change present legislation,*

*BE IT RESOLVED that from 1995 General Conference be relocated to venues outside the United States of America or any other countries where people with HIV or AIDS are excluded entrance.*

**BACKGROUND INFORMATION**

The U.S. AIDS Action Council mounted a letter-writing campaign in June, 1991, to try to change the ban on immigration by persons with HIV. Their Action Alert notes, "In 1987, at the behest of Sen. Jesse Helms (R-NC) Congress added AIDS to the list of excludable medical conditions for immigrants and tourists. This action received nearly universal condemnation in the United States and throughout the world. Last year (1990), as part of a broader immigration reform package, Congress directed Secretary Sullivan to review and revise the entire list of diseases of "public health significance" that should be the basis for exclusion.

"After extensive study and consultation with medical and public health experts, the Public Health Service and Secretary Sullivan of the Department of Health and Human Services proposed removing all but active tuberculosis...In the meantime, the HIV exclusion remains on the list. The attack on this proposal builds on fears about casual transmission of HIV, though it is claimed that the basis for concern is that HIV positive immigrants will pose a tremendous burden on the U.S. health care system. There already exist provisions in immigration law that prevent people who might become "public charges" from entering the U.S. Putting HIV on the list sends the wrong message about casual transmission of HIV."

Unfortunately, the ban remains in effect. The right wing generated over 40,000 letters before June, 1991 opposed to removing HIV infection from the list of excludable conditions. The AIDS Action Council's campaign was not as prolific.

Carol Wolchok, the Director of the American Bar Association's Center for Immigration Law, told ALERT that persons with HIV coming to the U.S. can apply for a waiver to allow them to come to specific conferences. However, this paperwork can be complicated, and she points out that many persons would not want to apply for such a waiver, since it would violate their confidentiality and may put them at risk for discrimination in their own country.

Wolchok suggested that an HIV+ person could simply deny all exclusions when applying for a visa. Wolchok claims, "Practically speaking, I don't know of anyone who has been stopped and barred from entry since the initial problems two years ago with the San Francisco AIDS Conference."

Wolchok goes on to say that even if an HIV+ person were to come to the U.S. without a waiver, if customs officials found AZT or other HIV-related medications in luggage, a waiver could be obtained at the point of entry, although this might detain the traveler for a considerable length of time. Again she stressed, "I have not heard of any recent situations where this was necessary."

Nonetheless, the risk still exists that an HIV+ person could be barred from entering the U.S. when coming to a UFMCC Conference. There is no logical reason why this exclusion should exist, and if we are to be a truly inclusive Fellowship, U.S. citizens need to continue to fight this unjust law.

Letters expressing views on this policy can be sent to:

Mr. Charles R. McCance, Director
Division of Quarantine Centers/Disease Control
Mail Stop E04, Atlanta, GA 30333

Additional comments or copies of such letters should be sent to:

Richard Darman, Director
Office of Management and Budget
Old Executive Office Building
Washington, D.C. 20503 ▼

# AIDS, Medicine and Miracles Conference

The fifth annual "AIDS, Medicine and Miracles" Conference will be held June 4-7, 1992 at the University of Colorado in Boulder, CO. This year's conference theme is, "Resources for Renewal: Conscious Living and Working with HIV."

Speakers include Stephen Levine, author of "Who Dies?" and "Healing Into Life and Death;" June Osborne, Chair of the U.S. National Commission on AIDS; Martin Delaney, Founder and Executive Director of Project Inform; Sally Fisher, creator of the AIDS Mastery Workshop; and Rob Eichberg, founder of "The Experience Weekend" and co-chair of National Coming Out Day.

Registration prices vary from $170 to $425. For a brochure and registration materials, call (303) 447-8777 or (800) 875-8770. A limited number of scholarships are available. ▼

# HIV/AIDS Policy Issues In Canada

Canada is dealing with a variety of policy issues surrounding HIV/AIDS. Particular concern centers on March 31, 1993, when the five year government funding of AIDS activities will end. With the recession and an environment of fiscal conservatism, activists are concerned that funding will not continue at a level sufficient to deal with the crisis.

**FUNDING FOR EDUCATION AND PREVENTION:**

The Rev. Clarence Crossman, Education Coordinator at the AIDS Committee of London, Ontario, reports that in Canada, there has been more funding per capita for education and prevention than in the U.S., but he worries that this will be jeopardized if funding is cut in 1993. Even at current funding levels, Crossman reports that Australia is far ahead of Canada in Education and Prevention. "In Australia, the epidemic is much less serious than in Canada, because of their national strategy and the money spent. Canada has been less effective than Australia, but more effective than the U.S. There is a direct correlation between the rate of infection in each country to government spending and willingness to form partnerships with frontline agencies."

Crossman reports that the Anglican Church in Canada is participating in the Education and Prevention effort in Southwestern Ontario by making use of a UFMCC resource. The Diocese of Huron has prepared a 35-minute video of the Rev. Steve Pieters' presentation at the Anglican Cathedral in London. Congregations throughout Southwestern Ontario are using this video to raise awareness among their members. The AIDS Committee of the Diocese of Huron are preparing a manual to go with the video, and are planning to promote it through the National AIDS Committee of the Anglican Church. Crossman says, "They apparently find that the ten principles of "Spiritual Strength for Survival" fit their congregational life, and they find that helpful!" The Diocese is interested in making the video and manual available through the UFMCC Church Services in Los Angeles.

**HEALTH CARE QUALITY JEOPARDIZED:**

Darien, a volunteer with AIDS Action Now, a Toronto-based volunteer advocacy and activist group, agrees with the Rev. Crossman that the health care system is in jeopardy because of the recession. Currently, the quality of care on a national level is considered to be excellent. However, if the federal money stops in 1993, individual provinces may not be able to continue that quality of care. There are already numerous inconsistencies, province to province, and particularly in rural areas, due to varying financial capabilities of each province.

Furthermore, because standards of care do vary, particularly in the maritime provinces, many persons go elsewhere for testing and treatment. As a result, statistics do not indicate the accurate number of persons with HIV in the province, and local politicians claim, "There is no epidemic here," and necessary funds are not allocated.

**ANTI-DISCRIMINAITON EFFORTS:**

Anonymous testing has just been approved in Canada, but not in the rural areas, where discrimination against persons with HIV is still a reality. Federal legislation aimed at protecting persons with any disability, including HIV, is currently pending. Richard Burzynski, Executive Director of the Canadian AIDS Society (CAS) told ALERT that CAS is actively lobbying for this legislation. The Canadian AIDS Society is a coalition of 65 HIV/AIDS agencies throughout Canada. They are funded by the federal government, and provide education for members of Parliament, and actively advocate legislation which will benefit persons with HIV/AIDS.

**CLINICAL TRIALS IN CANADA:**

Clinical trials are another area about which the Canadian AIDS Society and AIDS Action Now are quite concerned. CAS has scored something of a political coup, by breaking down the "old boys' network" at the Federal level and placing persons with AIDS on all federally funded committees on treatments, protocols, and research. PWA's, according to Crossman, have provided "lots of reality checking, creative suggestions, and informed input" to the "very conservative bureaucrats" on the committees, and are gaining great respect for their work.

Standards of care are not thoroughly accepted throughout Canada. Although many drugs, such as AZT, pentamadine, ddI, foscarnet, and gancyclovir, have been approved, many physicians need education to learn about approved treatments, the many unapproved drugs and whom they may help. A computer information service was supposed to be available to coordinate clinical trials across the country. Funded by the federal government, the computer service was originally contracted to the University of Toronto; but after a year and a half delay, CAS has stepped in to "rescue it." This will help people access what trials are available much more easily.

Canadian women with HIV have a difficult time accessing clinical trials because of inflexible exclusion criteria. Crossman notes, "Women should be able to access care because of health status, not diagnosis." Every activist emphasized the need for a policy for women with HIV to gain access to treatments.

**THE CONSERVATIVE BACKLASH:**

A group of epidemiologists at the Universities of Toronto and London claim that it is not possible for HIV to be transmitted from a woman to a man, and therefore, "HIV should not be understood as a heterosexually transmitted disease." Canadian conservatives have jumped on

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## UFMCC Again Co-Sponsors 8th International AIDS Candlelight Memorial

This event, scheduled for May 17, 1992, is "the world's largest simultaneous observance honoring the memories of people who have died from AIDS, and demonstrating support for People Living With AIDS." The event is currently observed in 220 cities in over 45 countries.

The Candlelight Memorial is organized internationally by Mobilization against AIDS. MCC's around the world have been instrumental in establishing the Candlelight Memorial in their cities. For more information, write: Mobilization Against AIDS, 1540 Market St., #160, San Francisco, CA 94102 USA or call (415) 863-4676. ▼

# Larry Glenn Boyd, "Mr. Delightful"

## October 2, 1961 - February 16, 1992

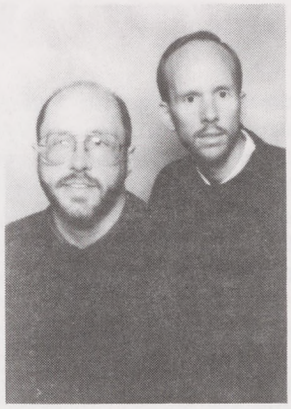
*By The Rev. David Presley*

When Larry entered my life nearly six years ago, neither of us had any idea where God would lead us. However, with our common values and goals we knew that we would be together as true Christian partners. We were --- always!

Our ministry led us to far off places like Midland, Eureka Springs, San Antonio, Longview, and, of course, Wichita Falls! Through all of these travels and transitions, Larry remained a constant companion and support. Thanks, Larry!

He is gone now from me and his many friends, but not forever. Our relationship is not a "till death do us part" union but rather it is eternal. "Friends are friends forever when the Lord is the Lord of them..."

Be comforted my friends, be joyful. ▼



*Larry Boyd and Rev. David Presley*

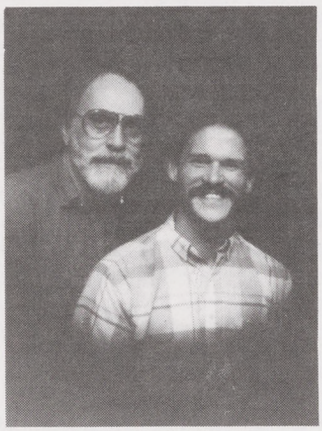
# When The Pastor is Hurting

*By The Rev. Don Magill-Knitig*

All pastors, at some point in their ministry, have to perform while in pain - emotional, physical, or spiritual. Private pain is difficult and lonely. Public pain -- lived out in the pulpit and pastorate -- can be excruciating. Hurting pastors face a web of tangled emotions: shock, grief, anger, depression, loneliness. These emotions make it difficult to function in the role of spiritual leader. But it is not impossible! When we honestly recognize our feelings and needs, and then discover the practical resources God provides, we are still able to minister, and minister effectively. For all who minister in pain -- in whatever package that pain comes -- I share my story.

"I'm sorry Don," said the doctor, "Carl's liver is shot and we don't expect him to live past the week." The severity of my spouse's illness hit home. Carl not only had HIV infection, but now was diagnosed with hepatitis B and chronic hepatitis C. The doctor released Carl into my care to quietly die at home. However, through the grace of Christ, the days turned into weeks and weeks into months. Nevertheless, Carl remained bedridden, venturing out of the house only for doctor visits and worship. The stress of his illness took its toll on Carl and I and the church. Three months later, he died, and then another road of learning and working through grief began. Let me describe some practical resources that helped me through this ordeal and share what pastors and churches can do when tradegy hits the pastorate.

*An understanding and compassionate church:* when stressful times hit the pastorate, a congregation has a great opportunity to be the Body of Christ and to offer love, support, and encouragement. The church that understands that the pastor is first of all a person, and then communicates that to the pastoral family, has gone a long way toward helping the ministry continue to flourish. What a beautiful gift - the affirmation that I was more than "pastor Don". I am Don Magill-Knitig, worried about and then grieving over the loss of my spouse.



*Carl and Rev. Don Magill-Knitig*

*The Board of Directors and Pastoral Staff:* Their insight, support and guidance are especially needed by hurting pastors. There are ministries that a pastor should not be performing while in pain, and the pastor may need a strong, spiritually mature Board and Staff to give him or her the option of doing or not doing them. Pastors must be willing to accept their support and share the leadership with them. I greatly appreciated the freedom and options to choose what I thought best for me and for the church.

*Lovingly discuss with one another needs and feelings:* Getting in touch with and then expressing one's needs and feelings is a must! As an example, several leaders were always on the alert to take over the preaching and other duties if and when I faced an emergency.

*Friends and colleagues:* I found strength in friends - people who offered love, a listening ear, and acceptance. People who allowed me to be myself, blow off steam, and express my emotions. Some of the friendships I valued most have been with other pastors - in and outside of MCC. I recommend that all pastors develop these support systems. Just knowing that they were behind me, praying for me and providing support kept me going.

*Physical exercise:* In living with AIDS myself, I have discovered that physical exercise, rest and play, is a practical way to deal with pressure and tension. Over this ordeal, I came to greatly treasure my time alone, my play, walks and outings. Sometimes a friend would take me to a movie, anything to allow me a couple of hours away from the hospital or church office.

*The Word and faithfulness of God:* Preaching and teaching may be a challenge for the pastor struggling with issues of faith, tragedy and/or grief, but the very act of doing so can be one of our most important resources. The Word of God - active, alive, healing - can speak to the heart of the hurting pastor. Prayer, Bible study, meditation, though often a struggle to maintain when hurting - puts us in the

*(continued on pg 5)*

# AIDS Ministry at MCC Toronto

Mr. Evan LeBlanc, Coordinator of Community Care/AIDS Outreach at MCC Toronto, has been watching the number of people with AIDS increase steadily since going to work for MCC two years ago in January. Prior to his arrival, the Rev. Nancy Radclyffe took care of all AIDS ministry needs, but as the epidemic escalated, LeBlanc was brought on board to oversee and plan the growth of MCC Toronto's AIDS Ministry.

As of December, 1991, 71 clients are on file in LeBlanc's office. Another 42 people died in 1991. LeBlanc estimates that 20% of all clients attend MCC Toronto.

One of the key components of the AIDS Ministry program is their LIGHT Group. LIGHT is an acronym for "Living in Greater Hope Together." This support group for people either infected or affected by HIV meets every Wednesday evening at 7:30 at the church. Right now, they are using the 10 principles of the UFMCC AIDS Ministry pamphlet, "Spiritual Strength For Survival," as the basis for discussion. In addition to the topics suggested by the pamphlet, other weeks the group moves on to different topics, such as coping skills, and using our faith.

When a person with HIV/AIDS contacts MCC Toronto, LeBlanc does an initial visit with the person to evaluate his or her needs. Then one volunteer is chosen from the 61 available through LeBlanc's office to become the group leader for the person with HIV/AIDS. The group leader is responsible to see that no one is left alone, that practical needs such as housekeeping, meals, transportation, or "care-sitting" (spending time with someone who is housebound) are consistently met. If the person with HIV/AIDS has spiritual needs, Evan LeBlanc handles them. He is training people to share that responsibility, but he currently handles the load himself.

MCC Toronto holds an annual AIDS Vigil in the fall, which has always been "fairly well supported" by the church. Last year, a twelve panel of all the clients who have died was created for the Names Project Quilt.

MCC Toronto's AIDS Ministry program is open to the entire community. The local gay newspaper carries regular advertisements for the ministry, and many people, never before involved in MCC, have responded. LeBlanc is also working on developing an AIDS Ministry newsletter, to be ready by the end of April, which will further publicize the program throughout the community.

The program is funded by the Jean-Pierre Perreault Estate. Perreault was one of LeBlanc's clients when he worked as a chaplain at Women's College Hospital in Toronto. Perreault left his estate to help the Gay and Lesbian Community. Half of the estate went to other AIDS agencies, and half went to MCC Toronto to pay LeBlanc's salary, and expand the AIDS Ministry Program.

LeBlanc does a lot of funerals. He enjoys a good relationship with a number of funeral homes, who regularly recommend MCC to grieving families. As the number of sick people, and the number of deaths increase, LeBlanc is looking forward to April 1, when he will be joined by a part-time assistant, Mr. Kent Frost.

Evan LeBlanc comes to MCC with a Masters of Divinity from the Toronto School of Theology. He took Clinical Pastoral Education at the Toronto Institute of Pastoral Training, and worked as a chaplain at the Women's College Hospital in Toronto prior to joining the staff at MCC. ▼

# First MCC of Atlanta Receives Pastoral Counseling Grant

First MCC of Atlanta received an $18,000 grant to provide full time pastoral counseling in 1992 to those infected with and affected by HIV. Working with AID Atlanta, the Atlanta Chapter of the National Association of People with AIDS (NAPWA), as well as several support groups, service availability announcements, and word of mouth, this ministry is quickly taking shape.

This ministry augments First MCC of Atlanta's ongoing outreach, which includes an HIV Food Pantry, Support Groups, weekly NAMES PROJECT quilting bees, monthly food preparation for Common Ground (an interfaith daycare support facility for PWA's), and the annual Christmas Teddy Bear and Easter Gift Basket projects.

Chip Carson, Student Clergy at First MCC of Atlanta told ALERT, "Praise God for this opportunity of service," and cited James 2:18, "...I will show you my faith by my works." ▼

*(When the Pastor is Hurting...cont'd from pg 4)*

presence of God.

For pastors facing pain and struggle, the ultimate resource that allows ministry to continue is God. I am still in ministry today because God is faithful. There have been many times when I have literally felt the hands of God helping me through a situation I didn't think I could handle on my own. It is God alone who teaches us through our pain. God has taught me that pastors are people, human beings with the same hurts and frustrations anyone else faces. God has taught me that ministry must take place in the context of those hurts and that we are to relax in God's grace, realizing that it really is God's church, not mine or yours. I've been forced to realize that the pastor is not indispensable - in fact, so often things carry on very well without me. I have learned God is in control, providing us with numerous resources. ▼

## ALERT

ALERT is a monthly newsletter containing information on AIDS Legislation, Education, Research and Treatment. The Editor is the Rev. Dr. Stephen Pieters. For more information, please write: ALERT, c/o UFMCC, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029.

# Lou Segal House Foundation

**(By Lydia Segal, District Coordinator, Eastern Canadian District)**

At Christos MCC in Toronto, Ontario, Canada, a small group of people have been working for the past year to develop a unique niche in the area of health care in our city. Lou Segal House Foundation will provide temporary accommodation for people coming into Toronto either to receive medical intervention or to visit loved ones in hospital. We expect to cater mainly to people affected by HIV, but will not turn away anyone dealing with other medical crises. We also intend to offer cooking classes and meal sharing for people living with HIV, teaching low-cost, nutritional food preparation.

Our Board of Directors has received positive support from the AIDS Committee of Toronto, the P.W.A. Foundation, Casey House Hospice, and local hospital chaplains and clergy. We are currently awaiting our charitable tax number from the government in order to begin serious fundraising. In the meantime, we are developing a brochure and building up our volunteer base.

The vision for this ministry grew out of two concerns: first, the high cost of hotel accommodations in Toronto, and the stress related to navigating a large, unfamiliar city; and second, an awareness of the importance of nutrition and the difficulty many of us having in cooking for and eating by ourselves. Our dream is to open a bed and breakfast-style home where friends, family, and HIV+ people can mix freely or maintain their privacy during the day, and where people could gather for a communal cooking class and meal in the evenings. In the more immediate future, however, it is likely that we will simply start by offering one or two apartments for accommodations and hold the cooking classes in a separate facility.

The project is named for the father of Lydia Segal, our Executive Director, and the District Coordinator of the Eastern Canadian District. ▼

# "AIDS and the Church: The Second Decade"

**(By Earl E. Shelp & Ronald Sunderland, Louisville, Kentucky: Westminster/John Knox Press, March 1992. Paperback, $11.95, 240 pp.)**

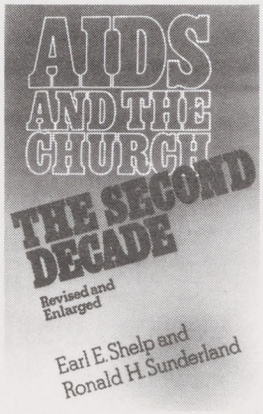
*Review by The Rev. Steve Pieters*

The press release accompanying the review copy of this book trumpets, "In this revised and enlarged edition of AIDS and the Church, the authors provide important new information about the evolution of the HIV/AIDS pandemic, the persons it is affecting, and its global impact... This is a prophetic book in the finest tradition of the church suggesting compassionate pastoral care for all. This book is for the religious: for ministers and churches, and all who recall biblical images of suffering and responses of compassion."

The discussions of the history, as well as the medical and psychosocial aspects of HIV infection are well-presented and clearly articulated. But I found much of the book to be strangely uninformed about much of what is happening in the U.S. HIV/AIDS movement. Oddly, Shelp and Sunderland do not include UFMCC in their chapter on denominational responses to AIDS. Perhaps this is because they believe, as they state in their introduction, "...that the epidemic increasingly affects other than gay people in this country." It is not that they are unaware of UFMCC: Sunderland has served on the Board of Directors of the AIDS National Interfaith Network, alongside MCC clergy, and has spoken on panels which included persons with aids and clergy from MCC.

Nor do Shelp and Sunderland mention the AIDS National Interfaith Network (ANIN). In their conclusion, when they discuss federal legislative and executive branch challenges in the U.S., they state, "There is, therefore, a need for nationwide interfaith action to influence these decisions." ANIN has an excellent record of doing just that (see the March, 1992 ALERT, as an example.) Why would the authors ignore ANIN, which has such an effective lobbying voice?

Their call for compassion, stressing Jesus' unconditional love for those who suffer, and their sophisticated discussion of the medical and psychosocial aspects of the epidemic are on target. I would recommend this book to an academically sophisticated, but AIDS-phobic clergy person: this book might actually make a difference in their thinking. But ALERT's readership will have to look elsewhere for a more inclusive book on "AIDS and the Church." ▼




***(HIV/AIDS Policy. .cont'd from pg 3 )***

this report, using it to reinforce their own agenda around promiscuity and homophobia. Crossman reports that as a result of the epidemioligical study, the London city council decided against making a donated mansion into an AIDS hospice, but instead gave it to Canadian Heritage and Environmental groups.

While Canada may be far ahead of the U.S. in assuring quality health care for PWA's, this may not last forever. Canadian AIDS activists have a full and challenging agenda ahead of them, as they look towards March 31, 1993. ▼